

Aims: Of all breast lumps in young women, very few are malignant. Some patients may not require all elements of triple assessment including those with clearly identified benign conditions with no other suspicious features identified clinically and radiologically. Aim of this study was to see if biopsy of clinically and radiologically benign breast lumps of women under 30 years is necessary.

Methods: Retrospective study of women under 30 years presenting with breast symptoms between December 2000 to January 2010.

Results: There were 864 patients. 612 had FNA and 252 CB. 544 met the inclusion criteria. There were 496 (U2), 39 (U3) and 9 (U3+) on ultrasonography. Of the 496 U2, 495 patients pathology was benign (B1/B2). All U3 patient's pathology was benign. All U3+ patients pathology confirmed cancer. 9 cases of U4/5 all confirmed cancer on pathology. 1 U2 was reported as a C4.

Conclusions: 495 clinically and radiologically benign cases were proven to have benign disease on FNA/CB. If there is a discrepancy between clinical and radiological findings there should be a low threshold for biopsy. Otherwise it may be safe to opt out of needle biopsy as it avoids unnecessary morbidity and use of precious resources.

0106: A RETROSPECTIVE STUDY OF AXILLARY LYMPH NODE CLEARANCE FOR PATIENTS DIAGNOSED WITH EARLY BREAST CANCER AND AXILLARY LYMPH NODE INVOLVEMENT

Suet May Chan², Vivien Ng¹, Stephen Courtney¹, Brendon Smith¹, Hilary Umeh¹, Pankaj Roy². ¹Royal Berkshire Hospital, Reading, Berkshire, UK; ²John Radcliffe Hospital, Oxford, Oxfordshire, UK

Aim: Axillary nodal status is the most important prognostic indicator that influences adjuvant therapy. Sentinel lymph node biopsy (SLNB) is the standard procedure performed to stage the axilla. The current standard is to perform axillary node clearance (ANC) if there is evidence of lymph node (LN) metastases. This study aims to assess the number of positive LN on ANC following a positive SLNB or biopsy on clinical/ultrasound assessment.

Methods: Patients with ANC (January 2008 to December 2009) were identified along with LN yields on SLNB and ANC. Clinical-pathological parameters and treatment details were also collected. ANC was performed for three groups: SLNB + micrometastasis, SLNB + macrometastasis and positive axillary LN on clinical/ultrasound-guided biopsy.

Results: 170 ANC were performed in the two-year period. More than 40% of patients with macrometastasis on SLNB had further positive LN on ANC. Only 8% of patients with micrometastasis were found to have residual axillary disease ($p < 0.001$, Fisher's exact test). Completion ANC did not provide any additional information to alter adjuvant treatment in patients with micrometastasis.

Conclusion: The limited role of completion ANC in patients with SLNB + micrometastasis is highlighted and therefore is likely to have an impact on management of early breast cancer.

0112: FIVE YEARS AFTER INTRODUCTION, HAVE STANDARDISED REFERRAL FORMS REDUCED THE NUMBER OF INAPPROPRIATE REFERRALS TO BREAST CLINIC?

Valentina Lefemine, Gary Osborn, Anne marie Mainwaring, Sumit Goyal. Breast Centre, Cardiff, UK

Introduction: In August 2005 new referral guidelines and updated referral forms were issued to GP's in Cardiff with the aim of reducing unnecessary referrals to breast clinic. An audit of 203 referral letters showed that 53% of patients were referred using the new style form. 55% of referrals were deemed inappropriate. After five years we aim to assess the impact of standardised referral forms on inappropriate referrals to breast clinic.

Methods: A prospective audit of GP referrals to the breast clinic in June and July 2010 was performed.

Results: 145 patients were included. 75% of patients were referred using the referral forms but 58% of these were filled incompletely. Concordance between GP and consultant findings was similar for written and form referrals (65% for breast lumps, 54% and 59% for pain and 100% and 57% for discharge respectively). Overall 8% referrals were deemed inappropriate using national guidelines, of which 7 (6%) used the standardised form and 5 (14%) were letters. All patients referred inappropriately had a normal diagnosis, none required a biopsy and all were discharged from clinic.

Conclusion: After five years, the majority of referrals to the breast clinic are made using the standard referral form. The number of inappropriate referrals has fallen to 8%.

0113: MASTALGIA – ARE WE CARING IN THE COMMUNITY?

Valentina Lefemine, Julie Cornish, Elle Javad, Walid Abou-Samra. Glan clwyd Hospital, Rhyl, UK

Introduction: Referral guidelines for mastalgia are well published. Breast pain with no other clinical concern should be managed initially in a primary care setting. Our aim was to look into the management of mastalgia in the community and have an understanding on whether guidelines are followed.

Method: A questionnaire was posted to all GP surgeries that referred to our institution.

Results: 41 responses were received (34% response rate). 95% percent of GPs consulted 1-5 women with mastalgia every month. 24% of GPs were aware of referral guidelines for patients presenting with breast pain. 37% of GPs refer a patient with mastalgia to the breast clinic at their first presentation, mostly as 'urgent' or 'soon' referrals. All respondent GPs would initiate some form of management for mastalgia.

Conclusion: Mastalgia is the commonest breast symptom presenting to general practitioners. Ignorance of national guidelines and fear of missing a breast cancer results in a large number of patients being referred to the breast clinic with significant resource implications. GPs should be encouraged to manage mastalgia in the community. We would advice breast specialists to assume a primary role in promoting knowledge and reassurance amongst GPs by means of leaflets, forums and meetings.

0132: PHYLLOIDES TUMOURS OF THE BREAST: A SINGLE CENTRE EXPERIENCE

Valentina Lefemine, Gary Osborn, Verity Oloroso, Carrie Champ, Kate Gower-Thomas, Rhodri Williams, Eifion Vaughan-Williams. Royal Glamorgan Hospital, Llantrisant, UK

Aims: Phylloides tumours (PT) are the most common non epithelial neoplasms of the breast and account for 1% of all breast tumours. We aim to report our experience on the management of PT over an eight year period.

Methods: A retrospective review of all patients diagnosed with PT in a single unit between January 2003 and December 2010 was performed.

Results: 31 patients were included. 27 patients had symptomatic and 4 patients screen detected lesions. Diagnostic imaging showed benign features in 13 patients, equivocal features in 9 patients and features in keeping with PT in 9 patients. All lesions were biopsied but a preoperative diagnosis of PT was achieved in only 10 patients. 4 patients underwent mastectomy, 27 patients had a wide local excision. Final histology revealed 23 benign and 8 malignant PT. All patients were followed up for 12 months; we had a 9.6% recurrence rate, mostly in patients with benign phylloides.

Conclusions: PT of the breast are a diagnostic challenge. There is a lack of consensus on how to best manage these rare tumours and we would recommend a low threshold for excising rapidly growing or large supposedly benign lesions. All patients should be followed up as even benign phylloides can reoccur.

0176: BREAST CANCER IN SYMPTOMATIC PATIENTS WHO HAVE NORMAL USS AND/OR MAMMOGRAM

Andrew Mishreki, Syed Yousuf, Ranya Bafadal, Catherine Chikerema. University Hospital North Durham, Durham, UK

Aim: There is no data published on the incidence of patients who present to the breast clinic (with either a lump or thickening) and have normal findings on USS and/or mammogram, however subsequently have biopsy proven cancers.

The aim of our study was to determine this number in our centre.

Method: We called all of the patient's notes who were diagnosed with breast cancer between 1st April 2009 and 31st October 2011 in our trust. We retrospectively reviewed all presenting complaints, radiology and histology findings, and multi-disciplinary team meeting decisions.

Results: In total we found 319 patients who were diagnosed with breast cancer during this period.

Out of these 17 had normal imaging initially, however had histologically confirmed breast cancer/in-situ cancer on FNAC/core biopsy of the symptomatic area.